## **APPLICATION DATA SHEET**

#### **Application Information**

Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

**Application Number::** Unassigned November 25, 2003 Filing Date:: **Application Type::** Regular **Subject Matter::** Utility **Suggested Classification::** Suggested Group Art Unit:: CD-ROM or CD-R?:: Number of CD Disks:: **Number of Copies of CDs:: Sequence Submission?::** Computer Readable Form (CFR)?:: **Number of Copies of CFR::** Title:: APPARATUS FOR PRODUCING A BOUND PRINT ITEM 40424-192744 **Attorney Docket Number::** Request for Early Publication?:: Request for Non-Publication?:: **Suggested Drawing Figure:: Total Drawing Sheets::** 2 Small Entity?:: No Latin Name:: **Variety Denomination Name::** Petition Included?:: **Petition Type::** 

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship::	Swiss
Country::	Switzerland
Status::	Full Capacity
Given Name::	Hanspeter
Middle Name::	
Family Name::	HEDIGER
Name Suffix::	
City of Residence::	Sempach Stadt
State or Province of Residence::	
Country of Residence::	Switzerland
Street of Mailing Address::	Alte Grenzstrasse 34
City of Mailing Address::	Sempach Stadt
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-6204
Applicant Authority Type::	Inventor
Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	•
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address:	

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State or Province of Mailing Address:: Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	
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Given Name::	
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Name Suffix::	
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State or Province of Residence::	•
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Primary Citizenship::	
Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	

Name Suffix::				
City of Residence::				
State or Province of	Residence::			
Country of Residence	e::			
Street of Mailing Add	dress::			
City of Mailing Addre	ess::			
State or Province of Address:: Country of Mailing A	•			
Postal or Zip Code o Address::	f Mailing			
Correspondence	Information			
Correspondence Cus Number::	spondence Customer 26694 per::			
Phone Number::		202 344-4000		
Fax Number::		202 344-8300		
E-Mail Address::		rkinberg@venable.com		
Representative In	formation			
Representative Cust Number::	omer 26	6694		
Domestic Priority	Information			
Application::	Continuity Type		Parent Application::	Parent Filing Date::
	Continuation of	f		
	Continuation of	f		
	Continuation of	f		

**Continuation of** 

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	02406039.4	November 29, 2002	Yes

### **Assignee Information**

**Assignee Name::** 

MÜLLER MARTINI HOLDING AG

**Street of Mailing Address::** 

Sonnenbergstrasse 13

**City of Mailing Address::** 

Hergiswil

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Switzerland

Postal or Zip Code of Mailing

CH-6052

Address::